

AUG 09 2006

# FAX TRANSMISSION

**DATE:** August 9, 2006**PTO IDENTIFIER:** Application Number 09/831,139

Patent Number

**Inventor:** Friedrich MUELLER**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** MORRISON & FOERSTER LLP

Kevin R. Spivak

**PHONE:** (703) 760-7762**Attorney Dkt. #:** 44912-2005700**PAGES (Including Cover Sheet):** 9**CONTENTS:**

Transmittal Form (1 page)	Request for Continued Examination (1 page)
Fee Transmittal in duplicate (2 pages)	
Extension of Time (1 page)	
Request for Reconsideration (3 pages)	

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (703) 760-7762 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

MORRISON & FOERSTER LLP  
1650 Tysons Blvd, Suite 300, McLean, Virginia 22102  
Telephone: (703) 760-7700 Facsimile: (703) 760-7777

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/173,877

Attorney Docket No.: 449122036000

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on August 9, 2006  
Date

Signature

Marilyn Lagios

Typed or printed name of person signing Certificate

Registration Number, if applicable

703-760-7791

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper. See list of contents on page 1 of this cover sheet.

RECEIVED  
CENTRAL FAX CENTER

4003/009

AUG 09 2006

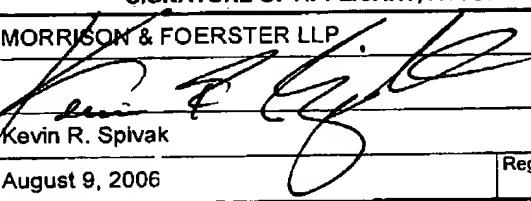
PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/831,139
		Filing Date	June 21, 2001
		First Named Inventor	Friedrich MUELLER
		Art Unit	2654
		Examiner Name	V.P. Harper
Total Number of Pages in This Submission		Attorney Docket Number	449122074400

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Request for Continued Examination (RCE)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Request for Reconsideration
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	MORRISON & FOERSTER LLP
Signature	
Printed name	Kevin R. Spivak
Date	August 9, 2006
	Reg. No. 43,148

va-172263

AUG 09 2006

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	09/831,139
		Filing Date	June 21, 2001
		First Named Inventor	Friedrich MUELLER
		Examiner Name	V.P. Harper
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2654
TOTAL AMOUNT OF PAYMENT	(\$ 2,950.00)	Attorney Docket No.	449122005700

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							
Each claim over 20 (including Reissues) <u>Fee (\$)</u> <u>Small Entity Fee (\$)</u> 50 25							
Each independent claim over 3 (including Reissues) <u>Fee (\$)</u> <u>Small Entity Fee (\$)</u> 200 100							
Multiple dependent claims <u>Fee (\$)</u> <u>Small Entity Fee (\$)</u> 360 180							
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
- 20 = <u>x</u> = <u>Fee Paid (\$)</u>							
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
- 3 = <u>x</u> = <u>Fee Paid (\$)</u>							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
- 100 = <u>/50</u> (round up to a whole number) <u>x</u> = <u>Fee Paid (\$)</u>							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount) <u>Fee (\$)</u> <u>Fee Paid (\$)</u> 2,160.00							
Other (e.g., late filing surcharge): 1255 Extension for response within fifth month <u>Fee (\$)</u> <u>Fee Paid (\$)</u> 180 Request for continued examination (RCE) (see 37 ... 790.00)							

<b>SUBMITTED BY</b>	
Signature	
Name (Print/Type)	Kevin R. Spival
Registration No. (Attorney/Agent)	43,148
Telephone	(703) 760-7762
Date	August 9, 2006

va-172249